State of California California Regional Water Quality Control Board, Los Angeles Region

NPDES PERMIT TRANSFER REQUEST

NPDES Permit No:	C I No			
Facility Location:Street Address	City	Sta	ate	Zip code
I hereby request the transfer of the above-refe responsibility, coverage, and liability for such permit		•	_	transfer of
TRANSFER FROM:	TRANSFER TO:			
Facility Name		New Facility Nam	e	
Owner		New Owner		
Operator	New Operator			
TRANSFER EFFECTIVE DATE:				
Signature of Owner/Authorized Representative		Title		
Date:				
I understand that I am responsible for compliance withat:	th the above-	referenced NPDES	S permit.	I certify
 I have reviewed the NPDES permit; The facility construction and nature/amount of d changed; and 		•		•
3. I will notify the Regional Board of any material future change in the facility owner or operator.	change in the	e facility and/or of	the discha	rge, or any
Signature of New Owner/Authorized Representative		Title		
Date:	Telepho	ne No.:		
Mailing Address:	-			
Street Address	City	State	Zip	Code
Name of Facility Contact Person		Telephone No.		
Contact Person Mailing Address:				

Street Address	City	State	Zip Code	
Form No. R4-WRS #1			05/17/99	